

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-------------|---------------|----------------------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | S.B. | 49 JC 575 | 12/26/00 01-04-01 |
| RESPONSE FORMALITY REVIEW | A-M M.H. | JC 587 625 | 03-14-01 05-16-01 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 ÷ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
|----------|----------|
| Final | |
| Original | |
| 1 | 11/12/02 |
| 2 | 12/24/02 |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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